S. 1120

To amend the Foreign Assistance Act of 1961 to increase the authorization of appropriations for fiscal year 2002, and to authorize appropriations for fiscal year 2003, to combat HIV and AIDS, and for other purposes.

IN THE SENATE OF THE UNITED STATES

June 28, 2001

Mrs. Boxer (for herself and Mr. Smith of Oregon) introduced the following bill; which was read twice and referred to the Committee on Foreign Relations

A BILL

To amend the Foreign Assistance Act of 1961 to increase the authorization of appropriations for fiscal year 2002, and to authorize appropriations for fiscal year 2003, to combat HIV and AIDS, and for other purposes.

- 1 Be it enacted by the Senate and House of Representa-
- 2 tives of the United States of America in Congress assembled,
- 3 SECTION 1. SHORT TITLE.
- 4 This Act may be cited as the "Global AIDS Research
- 5 and Relief Act of 2001".
- 6 SEC. 2. DEFINITIONS.
- 7 In this Act:

1	(1) AIDS.—The term "AIDS" means the ac-
2	quired immune deficiency syndrome.
3	(2) Association.—The term "Association"
4	means the International Development Association.
5	(3) Bank.—The term "Bank" or "World
6	Bank" means the International Bank for Recon-
7	struction and Development.
8	(4) HIV.—The term "HIV" means the human
9	immunodeficiency virus, the pathogen, which causes
10	AIDS.
11	(5) HIV/AIDS.—The term "HIV/AIDS"
12	means, with respect to an individual, an individual
13	who is infected with HIV or living with AIDS.
14	SEC. 3. FINDINGS AND PURPOSES.
15	(a) FINDINGS.—Congress makes the following find-
16	ings:
17	(1) According to the Surgeon General of the
18	United States, the epidemic of human immuno-
19	deficiency virus/acquired immune deficiency syn-
20	drome (HIV/AIDS) will soon become the worst epi-
21	demic of infectious disease in recorded history,
22	eclipsing both the bubonic plague of the 1300s and
23	the influenza epidemic of 1918–1919 which killed

more than 20,000,000 people worldwide.

- 1 (2) According to the Joint United Nations Pro-2 gramme on HIV/AIDS (UNAIDS), more than 3 36,100,000 people in the world today are living with 4 HIV/AIDS, of which approximately 95 percent live 5 in the developing world.
 - (3) UNAIDS data shows that among children age 15 and under worldwide, more than 4,300,000 have died from AIDS, more than 1,400,000 are living with the disease; and in 1 year alone—2000—an estimated 600,000 became infected, of which over 90 percent were babies born to HIV-positive women.
 - (4) Although sub-Saharan Africa has only 10 percent of the world's population, it is home to more than 25,300,000—roughly 70 percent—of the world's HIV/AIDS cases.
 - (5) Worldwide, there have already been an estimated 21,800,000 deaths because of HIV/AIDS, of which more than 80 percent occurred in sub-Saharan Africa.
 - (6) According to UNAIDS, by the end of 1999, 13,200,000 children have lost at least one parent to AIDS, including 12,100,000 children in sub-Saharan Africa, and are thus considered AIDS orphans.
- 24 (7) At current infection and growth rates for 25 HIV/AIDS, the National Intelligence Council esti-

- mates that the number of AIDS orphans worldwide will increase dramatically, potentially increasing threefold or more in the next 10 years, contributing to economic decay, social fragmentation, and political destabilization in already volatile and strained societies. Children without care or hope are often drawn into prostitution, crime, substance abuse, or child soldiery.
 - (8) The discovery of a relatively simple and inexpensive means of interrupting the transmission of HIV from an infected mother to the unborn child—namely with nevirapine (NVP), which costs \$4 a tablet—has created a great opportunity for an unprecedented partnership between the United States Government and the governments of Asian, African, and Latin American countries to reduce mother-to-child transmission (also known as "vertical transmission") of HIV.
 - (9) According to UNAIDS, if implemented this strategy will decrease the proportion of orphans that are HIV-infected and decrease infant and child mortality rates in these developing regions.
 - (10) A mother-to-child antiretroviral drug strategy can be a force for social change, providing the opportunity and impetus needed to address often

- longstanding problems of inadequate services and
 the profound stigma associated with HIV-infection
 and the AIDS disease. Strengthening the health infrastructure to improve mother-and-child health,
 antenatal, delivery, and postnatal services, and couples counseling generates enormous spillover effects
 toward combating the AIDS epidemic in developing
 regions.
 - (11) A January 2000 United States National Intelligence Estimate (NIE) report on the global infectious disease threat concluded that the economic costs of infectious diseases—especially HIV/AIDS—are already significant and could reduce GDP by as much as 20 percent or more by 2010 in some sub-Saharan African nations.
 - (12) The HIV/AIDS epidemic is of increasing concern in other regions of the world, with UNAIDS estimating that there are more than 5,800,000 cases in South and Southeast Asia, that the rate of HIV infection in the Caribbean is second only to sub-Saharan Africa, and that HIV infections have doubled in just 2 years in the former Soviet Union.
 - (13) Russia is the new "hot spot" for the pandemic and more Russians are expected to be diag-

1	nosed with HIV/AIDS by the end of 2001 than all
2	cases from previous years combined.
3	(14) Despite the discouraging statistics on the
4	spread of HIV/AIDS, some developing nations—
5	such as Uganda, Senegal, and Thailand—have im-
6	plemented prevention programs that have substan-
7	tially curbed the rate of HIV infection.
8	(15) Accordingly, United States financial sup-
9	port for medical research, education, and disease
10	containment as a global strategy has beneficial rami-
11	fications for millions of Americans and their families
12	who are affected by this disease, and the entire pop-
13	ulation, which is potentially susceptible.
14	(b) Purposes.—The purposes of this Act are to—
15	(1) help prevent human suffering through the
16	prevention, diagnosis, and treatment of HIV/AIDS
17	and
18	(2) help ensure the viability of economic devel-
19	opment, stability, and national security in the devel-
20	oping world by advancing research to—
21	(A) understand the causes associated with
22	HIV/AIDS in developing countries; and
23	(B) assist in the development of an AIDS
24	vaccine

1	SEC. 4. ADDITIONAL ASSISTANCE AUTHORITIES TO COM-
2	BAT HIV AND AIDS.
3	Paragraphs (4) through (6) of section 104(c) of the
4	Foreign Assistance Act of 1961 (22 U.S.C. 2151b(c)) are
5	amended to read as follows:
6	"(4)(A) Congress recognizes the growing inter-
7	national dilemma of children with the human im-
8	munodeficiency virus (HIV) and the merits of inter-
9	vention programs aimed at this problem. Congress
10	further recognizes that mother-to-child transmission
11	prevention strategies can serve as a major force for
12	change in developing regions, and it is, therefore, a
13	major objective of the foreign assistance program to
14	control the acquired immune deficiency syndrome
15	(AIDS) epidemic.
16	"(B) The agency primarily responsible for ad-
17	ministering this part shall—
18	"(i) coordinate with UNAIDS, UNICEF,
19	WHO, national and local governments, other
20	organizations, and other Federal agencies to de-
21	velop and implement effective strategies to pre-
22	vent vertical transmission of HIV; and
23	"(ii) coordinate with those organizations to
24	increase intervention programs and introduce
25	voluntary counseling and testing, antiretroviral

1	drugs, replacement feeding, and other strate-
2	gies.
3	"(5)(A) Congress expects the agency primarily
4	responsible for administering this part to make the
5	human immunodeficiency virus (HIV) and the ac-
6	quired immune deficiency syndrome (AIDS) a pri-
7	ority in the foreign assistance program and to un-
8	dertake a comprehensive, coordinated effort to com-
9	bat HIV and AIDS.
10	"(B) Assistance described in subparagraph (A)
11	shall include help providing—
12	"(i) primary prevention and education;
13	"(ii) voluntary testing and counseling;
14	"(iii) medications to prevent the trans-
15	mission of HIV from mother to child;
16	"(iv) programs to strengthen and broaden
17	health care systems infrastructure and the ca-
18	pacity of health care systems in developing
19	countries to deliver HIV/AIDS pharmaceuticals,
20	prevention, and treatment to those afflicted
21	with HIV/AIDS; and
22	"(v) care for those living with HIV or
23	AIDS.
24	"(6)(A) In addition to amounts otherwise avail-
25	able for such purpose, there is authorized to be ap-

- propriated to the President \$600,000,000 for each of the fiscal years 2002 and 2003 to carry out paragraphs (4) and (5).
 - "(B) Of the funds authorized to be appropriated under subparagraph (A), not less than 65 percent is authorized to be available through United States and foreign nongovernmental organizations, including private and voluntary organizations, forprofit organizations, religious affiliated organizations, educational institutions, and research facilities.
 - "(C)(i) Of the funds authorized to be appropriated by subparagraph (A), priority should be given to programs that address the support and education of orphans in sub-Saharan Africa, including AIDS orphans and prevention strategies for vertical transmission referred to in paragraph (4)(A).
 - "(ii) Assistance made available under this subsection, and assistance made available under chapter 4 of part II to carry out the purposes of this subsection, may be made available notwithstanding any other provision of law that restricts assistance to foreign countries.
- 24 "(D) Of the funds authorized to be appro-25 priated by subparagraph (A), not more than 7 per-

- cent may be used for the administrative expenses of the agency primarily responsible for carrying out this part of this Act in support of activities described in paragraphs (4) and (5).
 - "(E) Funds appropriated under this paragraph are authorized to remain available until expended.".

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